

# United States District Court

## NORTHERN DISTRICT OF CALIFORNIA

RICHARD JOSEPH CRANE

### SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-04620 JF

V.

D. AMBRIZ, ET AL

TO:

CORRECTIONAL OFFICER D. AMBRIZ  
SALINAS VALLEY STATE PRISON

31625 HWY 101

P.O. BOX 1050

SOLEDAD, CA 93960

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY

RICHARD J. CRANE C-44519  
SALINAS VALLEY STATE PRISON  
31625 HWY 101  
P.O. BOX 1050  
SOLEDAD, CA 93960

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wisking  
CLERK

March 7, 2008  
DATE

Gordana Macic  
(BY) DEPUTY CLERK

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

**RICHARD JOSEPH CRANE**

COURT CASE NUMBER

**C07-04620 JF**

DEFENDANT

**D. AMBRIZ, ET AL**

TYPE OF PROCESS

**SEE BELOW****SERVE****AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**D. AMBRIZ, CORRECTIONAL OFFICER SALINAS VALLEY STATE PRISON**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**31625 HWY 101; P.O. BOX 1050 SOLEDAD, CA 93960**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**RICHARD J. CRANE C-44519  
SALINAS VALLEY STATE PRISON  
31625 HWY 101; P.O. BOX 1050  
SOLEDAD, CA 93960**Number of process to be  
served with this Form - 285**2**Number of parties to be  
served in this case**6**Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):  
Fold

1. **SUBPOENS AND COMPLAINT**
2. **ORDER OF SERVICE**

Signature of Attorney or other Originator requesting service on behalf of:

**GORDANA MACIC**☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

**408-535-5382**

DATE

**3/11/2008****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin

No. \_\_\_\_\_

District  
to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am  
pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

PRIOR EDITIONS  
MAY BE USED**5. ACKNOWLEDGMENT OF RECEIPT**

FORM USM-285 (Rev. 12/15/80)